## Jennings County Public Health Strategic National Stockpile/Mass Prophylaxis Emergency Volunteer Application

Personal Information—Please <b>PRINT</b> volunteer to assist with:	<b>LEGIBLY</b> and complete all i	information. I	would like to		
☐ Local Dispensing Site Volunteer ☐	☐ Medical Screener ☐ Non-	-Medical Volu	nteer Other		
I am a licensed health care provider	Type of License: (MD, Phar	macist, RN, L	VN, EMT, etc.)		
I am a licensed mental health providetc.)	der Type of License: (Psychol	ogist, Psychia	trist, Social Worker,		
Name:Last	First		☐ Female ☐ Male		
Last	First	Middle			
Address (Please provide <b>rural</b> "911" ad	dress if known):				
Address	City/Town		Zip		
Phone: ( ) ( )	( )		( )		
Home #	Work #	Cel	l/ Mobile #		
Pager #					
Email (Home):	Email (Work):				
Occupation:	Employer:				
List any special skills/training/abilities y situation: i.e. languages spoken or read (computer skills, construction skills, condriving experience, counseling skills, etc.)	(specify which language), sign nunication skills, warehouse l	languages (Asknowledge/ski	SL, other), TTY/TDD, ills, commercial truck		
Drivers License #:	State:	Expira	ntion (mm/dd/yyyy):		
Emergency Notification:		( )_			
Phone	Name	Relationship			
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Volunteer Requirements & Responsibilities:

- 1. Submit complete application form and copy of Indiana driver's license
- 2. Be at least 18 years of age
- 3. Hold a current valid Indiana drivers' license
- 4. Have no **felony convictions** for D.W. I., Drug-related, Sexual or Family Violence offenses
- 5. Participate in all required training sessions
- 6. Comply with worker / volunteer standards established by the State of Indiana

- 7. Notify the County Emergency Volunteer Coordinator, in writing, when terminating volunteer status
- 8. Be available on short term notice

## I understand:

- That any information I have provided in this application may be disclosed to and used by the County Emergency Volunteer Coordinator and/or Team Leader for planning purposes and volunteer assignment **ONLY.**
- That, in the case of Strategic National Stockpile deployment, I may be contacted at any time (day or night).
- That all information regarding the Strategic National Stockpile is considered confidential and I will not release names, locations of warehouses, or any other sensitive information without the permission of the SNS Coordinator.
- Due to the nature and content of the Strategic National Stockpile and the potential duties of volunteers, a
  background check may be conducted on volunteer applicants. I understand that a felony conviction for
  D.W.I, drug-related, sexual, or family violence offenses will disqualify me for participation as a
  volunteer in the SNS program and that I may be disqualified for other reasons at the discretion of the
  person in charge.
- I have read and understand the above listed requirements, responsibilities and information. I attest to the accuracy of the information I have provided on this application. I hereby authorize the Jennings County Emergency Volunteer Coordinator to receive and disclose my information to the County Volunteer Coordinator and/or SNS Team Leader for the purposes and reasons stated above.

Signature:				_
Date:	·	_		
Received by:		_		